



Volunteer

Application

Citrus County Animal Services

4030 S. Airport Rd.

Inverness, FL. 34450

Office: (352)726-7660

Fax: (352)726-4120

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Phone: Home _____ Work _____ Cell _____

Email: _____ Drivers License #: _____

How did you hear about our volunteer positions? _____

Are you volunteering for class or community service credits/hours? YES NO

If YES, please complete following: Number of hours: _____ Required date of completion: ___/___/___.

How long/often do you plan to volunteer for Animal Services? _____

Emergency Contact Information:

Name: _____ Phone #'s: _____

Address: _____ Relationship: _____

VOLUNTEER INFORMATION

Please check the volunteer activities you are interested in.

Dog Walker/Exerciser Bathing/Grooming Cat Cuddling Front Office/Clerical

Lost/Found Pet Liaison Pet Rescue Advocate Greeter Gardening

Please list any training, experience or education in animal care and welfare, including your own pets: _____

List any other skills, interests or hobbies (animal or non-animal related): _____

While we try our best to help each animal in our shelter find a home, there are instances when an animal, due to space, medical, behavior or other reasons must be euthanized or put to death. Although you will not be involved in this process, we would like to know how you feel about it; _____

Some volunteer tasks may include lifting, bending, or carrying cages or other heavy supplies as well as handling, grooming or moving large animals. Some volunteer positions require the ability to safely return animals to their appropriate cages/kennels and to read kennel cards. Volunteers must be alert at all times around unpredictable and dangerous animals and able to communicate with employees and the public. Do you have any allergies, health/physical condition(s), disabilities or psychological limitations which may restrict/hinder your activities as listed above or put you in any sort of danger? YES _____ NO _____.

If YES, list special accommodations needed _____

- Thank you for applying to volunteer with CCAS. In signing this application, I understand and agree:
- * To attend the required training and to abide by the CCAS Volunteer Program policies and procedures;
 - * To follow written and oral directives from CCAS staff;
 - * That I can be terminated from the volunteer program at any time;
 - * To give CCAS permission to use photographs or video footage of my volunteer activities should it benefit the volunteer program;
 - * To show a copy of my driver's license or identification card; and,
 - * That if I am under 18, I must have parent consent before I may volunteer at CCAS.
 - * That this is not a paid position and that I am not an employee of the Citrus County BOCC.

_____ Signature of Volunteer	_____ Date
_____ Signature of parent or guardian (if under age 18)	_____ Date

INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS

I, (Print Name) _____ wish to be a volunteer with CCAS. I recognize that I will be exposed to the routine risks of dealing with animals, which could include property damage, personal injury and/or bodily injury, including death. For and in consideration of permission to be a volunteer, I agree to release, forever discharge, and hold harmless Citrus County Board of County Commissioners and its agents, representatives, and employees of and from all claims, demands, actions, causes of actions, suits, damages, losses and expenses, of any and all nature whatsoever which might arise out of my volunteer activities.

_____ Signature of Volunteer	_____ Date
_____ Signature of parent or guardian (if under age 18)	_____ Date

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As a Volunteer, or the Parent/Legal Guardian of the Minor Volunteer, I, (Print Name) _____ authorize qualified emergency medical personnel, including a physician and staff, to examine me (volunteer), or the above-named minor child in the event of injury, and to administer any emergency care or treatment deemed necessary. In the case of a minor child, a reasonable effort will be made to contact the Parent/Legal Guardian prior to any treatment. I agree and understand that I shall be solely responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

_____ Signature of Volunteer	_____ Date
_____ Signature of parent or guardian (if under age 18)	_____ Date

PARENT/LEGAL GUARDIAN PERMISSION & ASSUMPTION OF LIABILITY - REQUIRED IF VOLUNTEER IS A MINOR (UNDER 18 YEARS OLD)

As Parent/Legal Guardian I, (Print Name) _____ hereby grant my permission for the above-named minor child ("Minor Volunteer") to participate in the above-referenced activity. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the Minor Volunteer above, I agree to assume the liability and obligations referenced above and to release, hold harmless Citrus County BOCC and its agents, representatives, and employees, of and from all claims, demands, actions, causes of action, suits, damages, losses and expenses, of any and all nature which might arise out of the minor volunteers activities.

_____ Signature of Volunteer	_____ Date
_____ Signature of parent or guardian (if under age 18)	_____ Date